		DR-2 DISCLOSUR
COMMITTEE NAME (Must be same as on Statement of Organization)	<u> </u>	(Rev. 07/2003) REPORT
CONTROL IN BIOG CONSTRUCTOR Tracks (a) IMPORTANT: Indicate type of committee you are reporting for: 2	PAC !	Comm. # WO/1 Logged In W
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee	1 1	Computer
CANDIDATE COMMITTEES ONLY:	Ľ	Audited
Candidate Name Political Party		
Office Sought District (if Senate or Ho	ouse)	
Thomas Ploubside 515243 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	332LM	DATE GNED
Late filed reports are subject to possible civil and	_	penalties.
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENT		
	<del>-</del>	/(2)NON-ELECTION YEAR.
(report date) Indicate one		
CHECK IF MENDMENT TO REPORT DATED	Local Co	ommittees, enter Date of Election
Chack if this is final (termination) report and attach Nation of Discolution Form DB 2	County 8	& Local Committees, enter County
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)		ection is held
	L	
STATEMENT OF CASH ON HAN	ID	
by the committee. This amount MUST be the same as the cash on hand at the	s held e end	738.62
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies by the committee. This amount MUST be the same as the cash on hand at the of the last reporting period, or must be zero if this is first report filed.)	s held e end	738,62
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies by the committee. This amount MUST be the same as the cash on hand at the of the last reporting period, or must be zero if this is first report filed.)	s held e end \$	
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies by the committee. This amount MUST be the same as the cash on hand at the of the last reporting period, or must be zero if this is first report filed.)	s held e end \$ elow)	36.15.6C
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies by the committee. This amount MUST be the same as the cash on hand at the of the last reporting period, or must be zero if this is first report filed.)	s held e end \$ elow)	36.15.60
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies by the committee. This amount MUST be the same as the cash on hand at the of the last reporting period, or must be zero if this is first report filed.)	s held e end \$ elow)	36.15.60
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies by the committee. This amount MUST be the same as the cash on hand at the of the last reporting period, or must be zero if this is first report filed.)	s held e end \$ elow)	36/5.60 4354.2
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies by the committee. This amount MUST be the same as the cash on hand at the of the last reporting period, or must be zero if this is first report filed.)	s held e end \$ elow)\$	36.15.60 43.54.2
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies by the committee. This amount MUST be the same as the cash on hand at the of the last reporting period, or must be zero if this is first report filed.)	s held e end \$ elow)\$	36/5.60 4354.2
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies by the committee. This amount MUST be the same as the cash on hand at the of the last reporting period, or must be zero if this is first report filed.)	s held e end\$ elow)\$	36.15.60 43.54.2
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies by the committee. This amount MUST be the same as the cash on hand at the of the last reporting period, or must be zero if this is first report filed.)	s held e end\$ elow)\$  -TOTAL\$	36.15.60 4354.2 1260.00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies by the committee. This amount MUST be the same as the cash on hand at the of the last reporting period, or must be zero if this is first report filed.)	s held e end\$ elow)\$  -TOTAL\$	36/5.60 4354.2 1260.00 3104.6
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies by the committee. This amount MUST be the same as the cash on hand at the of the last reporting period, or must be zero if this is first report filed.)	s held s end\$ elow)\$ ns below)\$	36/5.60 4354.2 1250.00 3104.6
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies by the committee. This amount MUST be the same as the cash on hand at the of the last reporting period, or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind be Schedule F: Loans Received total (Attach Schedule F)	s held e end\$ elow)\$ ns below)\$	36/5.60 4354.2 1260.00 3104.6
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies by the committee. This amount MUST be the same as the cash on hand at the of the last reporting period, or must be zero if this is first report filed.)	s held e end\$ elow)\$ ns below)\$	36/5.60 4354.2 1260.00 3104.6
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies by the committee. This amount MUST be the same as the cash on hand at the of the last reporting period, or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind be Schedule F: Loans Received total (Attach Schedule F)	s held e end\$ elow)\$ ns below)\$	36/5.60 4354.2 1260.00 3104.6

## 1840/14/18/01/01

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME	(Must be same as on S	statement of Organization)
Central III	isidg : Const Tr	statement of Organization)

SCHEDULE	
A (Day 07/03)	MONETARY RECEIPTS
(Rev. 07/03)	L
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID# CK#	Laborers Inth Union of NA Willing 2121 Delaware, Dan IA 50317		\$88.00	
1/29/04	ID# CK#	11		88.00	
311164	ID# CK#	u le		88.00	
3115104	ID# CK#	1,		88.00	
4/29/04	ID# CK#	ካ ')		88.00	
16104	ID# CK#	Intl ASSOC of Bridge Structural! Ornamental Lonworker LUK67 1501 Elwora Dh. TA 50313		51.00	
1115104	ID# CK#	h 1,		51.00	
3115104	ID# CK#	M		102.00	
4/13/04	ID# CK#	h //		5100	
3125704	ID# CK#	LUH 669 Sponklertitlers POBOX 142 DUDIAD IA 51529		165.00	
			SUB-TOTAL	91000	

TOTAL (If last page of this schedule)

Page \_\_\_\_ of \_\_\_\_

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

## Restablished

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Control la Bldg 1 Const Inadio Chuncil (AC

S	CHEDULE	
	. <b>A</b>	MONETARY
	(Rev. 07/03)	RECEIPTS
		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
3/1   04   0K#   11   11   96.80   3/10   04   0K#   11   11   95.20   10#   10#   10#   109.00   10#   109.00   109.00   109	114104	CK#	Intheroperation of Euchical 250 18125+ World	41 LU#347	\$ 97.40	
3/10/64 0K# N " 95.20 [  CI(B)OH 0K# N " 109.00 [  5/10/64 0K# N	311104	CK#	14		96.80	
C    B    CK#	3/10/64	CK#	n //		95.20	
5110164 CK# 11 1, 101.20 [ 101.20 [ 101.20 [ 101.20 [ 1501 & Authors 1.956158	Claim	CK#	V <sub>1</sub>	,	109.00	
114104 CK# 1501 & QUITORA LUIS 14 24.60 [ ]  113104 CK# 11	5110104	CK#			101.20	
1122104 CK# 11 11 11 24.60 [ 122104 CK# 11880 Husbell Du DA 50317 60.00 [ 10# 112104 CK# 11 11 11 11 60.00 [ 10# 12104 CK# 1234 60.00 [ 10# 12104 CK# 12368 2207 6200 5000 [ 10# 12104 CK# 12307 6200 5000 [ 10# 12300	114104	CK#	1501 6 augra Lui	2 Winkles 4 NY	24.60	
416104 CK# 11 10# 10 60.00 [ 10# 4111 Wrights \$ 2158 10 00 0 00 00 00 00 00 00 00 00 00 00 0	4/13/04	CK#	,		24.60	
416104 CK# 11 60.00 [ 417]	1122104		1980 Hubbell DSU DA 5031	9 WH234	6000	
412/04 CK# 2207 62rd St Ct	416104	CK#	1		60.00	
SUB-TOTAL (000)	412104	·			30,00	

TOTAL (if last page of this schedule)

Page \_\_\_\_\_ of \_\_\_\_\_

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

# 1834 House

A (Rev. 07/03)	MONETARY RECEIPTS

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of C	Organizatio	n)	
Central Ia Bldg: Construction T	ruda	Cel	PAZ

CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF (	CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/22/04	ID#	10150x 205	±83		\$24.00	
	\   ID#	accountile 12	50225		2 1.00	
1122104	CK#	Until Brotherwood of 1 4145 NG 34 HL St	DSM IA DSM IA 50317	ρ	2000	
*2	ID#					
3/1/04	СК#	h	( )		20.00	
	ID#					
3/25/04	CK#	h	1,		20.00	
00	ID#					
5/5/04	CK#	4	11	, and the second	20.00	
	ID#	Glazus Architectur	al untal:			
1122104	CK#	GIUZUUS, Architectura Giuss Winkers Lut 4145 NE 342 DSM	DA 50317		20.00	
	ID#					
3/1/04	CK#	u	1.7		20.00	
	ID#		,			[
3125/04	CK#	(,	//	ļ	20.00	
0.41	ID#					
515/04	CK#		(1		20.00	
	ID#	Plumber & Steamh	Hea LUP33			
3110104	CK#	128018LU 105M DA 5032H			411.60	
				SUB-TOTAL	. 595.60	

TOTAL (if last page of this schedule)

Page 3 of 6

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

# -1130/f130/180/gent

CEIPTS
IETARY

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
central la Blog: constitudos (c) PAC	

AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
515104	ID# CK#	Plunder: Steamfilter Wal#33 2501 Blel 1550 DA 52321		\$411.60	
1/29/04		Intruction of Educators LU#33 2000 William Ste I 105M In 50317		15.00	
515104	ID# CK#	η /,		15.00	
311104	ID# CK#	4 11		15.00	
311104	CK#	United Brotherhood Carpentes 190m 3851 Delaware LI	# 106	252.40	
4113104		· · · · · · · · · · · · · · · · · · ·		130.20	
311104	ID# CK#	DM Union of Brickleyer Awd 2425 Relaware DSM IA 50317	Lu#3	42.20	
u	ID# CK#	ι,		42.20	
412104	ID# CK#	ν <sub>ι</sub>		42.20	
3115/04	ID# CK#	thun Federation of Labor	incorrect deposit transferred 5-21-04/bx	120.0D	
			SUB-TOTAL		

TOTAL (if last page of this schedule)

Page \_\_\_\_\_ of \_\_\_\_

\$ (085

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

# Part All Person

### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee NAME (Must be same as on Statement of Organization)

SCHEDULE	
Α	MONETARY
(Rev. 07/03)	RECEIPTS
0,,,,	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR		RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
315104	ID# CK#	Auto workers LU#142 3802 6th Are OSM 503	: 13		\$ [O.D	
416104	ID# CK#	H	4		10.00	
513/04	ID# CK#	h .	11		10.00	
4112/04	ID# CK#	Operative Planteness: Len Maxons until 2002 LUHZ 1501 & alvora, DSM 174503	rent 1		40.00	
3/15/04	ID# CK#	15016 awara psin 19503 Sheltwetal workers Lut 2425 Delaware DSM 57 50317	145		290 <b>:4</b> 0	
	ID# CK#					
	ID# CK#					
	ID# CK#					
	ID# CK#					
	ID# CK#					
				SUB-TOTAL	024040	

TOTAL (if last page of this schedule)

\$ 3600.60

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.



#### **CONTRIBUTIONS - MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

SCH	EDULE	
-	A	MONETARY
(Rev	v. 07/03)	RECEIPTS
		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
3/25/04	ID# CK#	Intl Union of Eurator # 2000 waller she I pen 508	33	\$ 15,00	
	ID#	303			
	CK#				
	ID#				
	CK#				
**************************************	ID#				
	CK#				
	ID#				
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		• • • • • • • • • • • • • • • • • • • •	SUB-TOTAL		

TOTAL (if last page of this schedule)

Page \_\_\_\_\_ of \_\_\_\_

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

		-			M4400474
1880	62.		CANN.	355.5	100
1 1	337	SCX.	ЯK	18.0	100
365	140	200	78.40	32.19	
202				22.545	2000033

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE	NAME	(Must be	şame as op	Statement of Organization)	A
centru	$\mathcal{M}$	Bldo	Const	Statement of Organization)	797
() or mose		ر ' '			

18104   CK# 3117   309 499 51 30312   \$250.00     319104   CK# 3118   Cayle Collins For Council 100 Maket st # 418	DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
ID#   Gayle Collins for Council   100,000	118104	ю# ск# 31(7	IOWA HISPANIC Democrati 309 49th St DSU DA 50312	nč	<b>\$2</b> 50.00
3/19/04 CK# 3119 Committee to Electric Mauro (1325 SW 31st St 105M IPH 50324  100.00  4/128/04 CK#3120  10#  CK#  10#  CK#  10#  CK#  10#  CK#  10#  CK#	3/19/04	ск# 3118	Gayle Collins for Council 100 Market St #418		500,00
Y 28 0Y	3/19/04	ск# 3119	Committee to the tralike 1	lauro	100.00
CK#  ID# CK#  CK#  ID# CK#  CK#  CK#  CK#  CK#	4128104	ск#3120	POIKCty Democrats Plur Dr Osu IA 50321		400.00
CK#  ID#  CK#  ID#  CK#  CK#		CK#			
CK# ID# CK#	:	CK#			
CK#					

SUB-TOTAL	\$
FOTAL (if last page of this schedule)	\$ 1250

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	of	
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FOR INSTRUCTIONS, SEE BACK OF FORM		ana mand	FORM	- 3
DISCLOSURE SUMMARY PAG	Reset Fo	orm	DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organ	nization)		(Rev. 07/2003)	REPORT
1 To Disco bands	-17- loca	, h	For Office Use O	
central Ia Bldg & Construction	DOV TRACIO COUR	CHI 30	Comm. #	Tracket
IMPORTANT: Indicate type of committee you are reporting for:	P	HY	Scanned	,
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City C	4 )County/Local Candidate		Computer	
	entral Committee		Audited	
CANDIDATE COMMITTEES ONLY:	Delitical Dorts		nder (* 44)	
Candidate Name	Political Party		AETH	BACAMPAIGN
Office Sought	District (if Senate or House		DISCLO	SURE BOARD
Cinco Sough	Diodiot (ii obilato di riodo	'	4/ /\	/ 1 5 2004
$\circ$			110	1 9 2004
Thomas & Collegaie	2752433	324		5-19-04
SIGNATURE OF TREASURER (or person filing this report)	TELEPHONE			JCHEL TO
Late filed reports are subject to	nossible civil and cr	iminal	nonalties	
·	•		Penance.	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE			L //ONLON EL EO	TIONING
1 AM FILING A 5-19-04	Indicate one	EC HO	1 /(2)NON-ELEC	HON YEAR.
(report date)	<u>—</u>			
CHECK IF AMENDMENT TO REPORT DATED		Local C	Committees, enter [	Date of Election
Check if this is final (termination) report and attach Notice of	Dissolution Form DR-3	County	& Local Committee	es, enter County in
(You must continue to file reports until a Notice of Diss			Election is held	
STATEMENT	OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (This by the committee. This amount MUST be the same as	the cash on hand at the end	d	7	2010
of the last reporting period, or must be zero if this is fire	st report filed.)	•••••	\$	38.62
ADD TOTAL MONEY TAKEN IN THIS PERIOD			21	20 (0)
Schedule A: Cash Contributions total (Attach Schedule	e A) (*also see in-kind below	/)		00.60
Schedule F: Loans Received total (Attach Schedule F	)	•••••		
Schedule H: Total Sales of Campaign Property (Attack				
(Schedule H applies to Candidates' Comm			• ((	0.00 0.0
CURTRACT TOTAL MONEY ORGAT THE REPLOD	SUB-10	IAL	s <u>4</u>	334.22
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	talan ann dahta and lanan h	أديمام	1	260 00
Schedule B: Expenditures total (Attach Schedule B) (* Schedule F: Loan Repayments total (Attach Schedule				<u> </u>
CASH ON HAND at the end of this reporting period (if final repo	•			
be zero) (Attach DR-3)			s	3089.22
**UNPAID BILLS (From Schedule D - Attach Schedule D)				
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu	•			
**OUTSTANDING LOANS (From Schedule F - Attach Schedule	: F)		\$ <u></u>	
CANDIDATE COMMITTEES ONLY:				- NO
CONSULTANT BREAKDOWN (Schedule G Attached?)	h Cohadula UN			ES <u> </u>
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attac	i ochequie 🗖)		\$	

For Instructions	See Back	of Form
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#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
CENTRAL ID BIDS: CONST TRACES COUNCIL PAC

SCHEDULE	
<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIB		RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#	Laborers Influnion of N 2121 Delaware, Den DA	1A LUKIN 50317		\$88.00	
1/29/04	ID# CK#	11	11		88.00	
311164	ID# CK#	li .	le	78.14	88.00	
3/15/04	ID# CK#	λį	//	10, 444	88.00	
4/29/04	ID# CK#	η	1)		88.00	
116104	ID# CK#	DATI ASSOC OF BAJSE STRUCT DENGMENTAL LEARNING LUK 1501 E CLUTOTA DSM TA 5	ual: 67 50313		51.00	
1115104	ID# CK#	h	1,		51.00	
3115104	ID# CK#	\(	(1		102.00	
4113104	ID# CK#	h	1,		51.00	
3125104	ID# CK#	LUH 669 Spinkler litters POBOX 142 DUDIAD IN S1529			165.00	
				SUB-TOTAL	. 260 m	

TOTAL (if last page of this schedule)

Page \_\_\_\_\_ of \_\_\_\_

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

#### **CONTRIBUTIONS - MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
CONTROL LO BLOG 1 CONST INAMS COUNCIL FAC

SCHEDULE	
A	MONETARY
(Rev. 07/03)	RECEIPTS
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Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBU		RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
114104	ID# CK#	Inn problement of Euc 250 18 MS+ 1DSM 29 50314	mal	LU#347	\$9740	
311104	ID# CK#	14	) (		96.80	
3110164	ID# CK#	1	1,		95.20	
410104	ID# CK#	l <sub>1</sub>	1,		109.00	
5110104		1/	1,		101.20	
11414	ID# CK#	Heat: Frost Enructing 193 1501 E QUIDTA 1051 DA 50313	beston la Luci 7	inkia Y	24.60	
4113104	ID# CK#	VI	//		24.60	
1122104		Inti Apava or operating 1980 Hubbell DSU I	Engreen 3 50317	2 CU4234	60.00	
416104	ID# CK#	11	1,		60.00	
412104	ID# CK#	Millwrights & 2158 2707 62nd St Ct Bettendar IA 52722			30,∞	
				SUB-TOTAL	1-6280	

TOTAL (if last page of this schedule)

Page \_\_\_\_\_ of \_\_\_\_ 5\_\_\_\_

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions,	See	Back	of	Form
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#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
CENTUL IU BLOG! CONSTRUCTION TRUCK) (CCL PAZ

SCHEDULE	
<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CON		RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1122104		Bolinhales LUHS 10150x 205 Alcoannile 1A 57	225		\$24.00	
Uzzioy	ID# CK#	Until Brothe model of Pai	ntes WH241 M IA 50317	P	200	
311/04	ID# CK#	1)	1 /		20.∞	
3125104	ID# CK#	n	١,		20.00	
5/5/04	ID# CK#	ų	1,		20.00	
1122104	ID# CK#	GIOZURATCHITAL GIOSO WONCES LUT 101 4145 NE 3412 DSM D	whe: 15 75 75 50317		20.0D	
311104	ID# CK#	u	1,		20.00	
3125104	ID# CK#	( c	1,	.,,,,	20.00	
515/04	ID# CK#	\ <sub>1</sub>	(1		20.00	
3110104	ID# CK#	Plumbers & SHOMAHE 25019111 105M DA 5032H	J LU#33	SUB-TOTAL	411.60	

TOTAL (if last page of this schedule)

Page 3 of 5 (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

## **CONTRIBUTIONS - MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
CENTRU LA BLOG: CINT TRACE (CI PAL

SCHEDULE	
(Rev. 07/03)	MONETARY RECEIPTS
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Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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(MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		RIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
515104	ID# CK#	Plunder: Steamfilter 2501 Blel 1050 DA 50321			\$411.60	
1/29104		Inth Union of Euvator 1 2000 Walter Ste I 1250 For 50317	,U#33		15.00	
515104	ID# CK#	η	١,		15.00	
311104	ID# CK#	L <sub>i</sub>	11		15.00	
311104	ID# CK#	United Brotherhood Carp 3851 Delaware 1250 DA 50313	macz voca Lu	# 106	252.40	
4113104		u	"		130.20	
311104	ID# CK#	DMI Union of Brickler 2425 Relaware DSM IA 50317	jen: Alued	LUH3	42.20	
U	ID# CK#	()	",		42.20	
412104	ID# CK#	Vį	1,		42.20	
3115/04	ID# CK#	Dua federation of	abor	incorrect deposit transferred 5-21-04/by	120.00 maj hund.	

TOTAL (if last page of this schedule)

Page of (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
CUNTRUL LA BIDGE CONST MADES (CL PXC

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
315104		Alled workers LUZ 142 3802 6th Are OSM 50313		\$ [O.00	
416104		4		10.00	
515104	ID# CK#	h 11		10.00	
4112/04	ID# CK#	Operative Planteres : Lement Maxims Inh 2002 LUHZI 1501 & augus Psu 129 50313		40.00	
3/15/194	ID# CK#	Shelfultal workers LUHYS 2425 Delaware DSM IA 50317		240 <b>:4</b> 0	
	ID# CK#				
			SUB-TOTAL	- 21-04N	

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 5 of 5

FOR INSTRUCTIONS, SEE BACK OF FORM

#### **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

	*********	
SCHEDULE		
R	MONETARY	
(Rev. 07/03)	EXPENDITURES	

CHECK THIS BOX IF AMENDING FORM

committee Centru	NAME (Must be s	same as on Statement of Organization) , UNT, TVAULO CLL (	PAC
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	(DESCRIB

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
118104	ID#	IOWA HISPANIC Democra	nc	250
10107	ск# 3117	309 49th St DS.U DA 50312		\$250.00
	ID#	Cayle Collins for Counci	le	~0000
3/19/04	ск# 3118	Cayle Collins for Council 100 Market St #418  DSM DA 503CA  Committee to Elect Mike A 4325 SW 31st St		500,∞
	ID#	Committee to Elect Mike ,	iauro	
3/19/04	ск# 3119	1)3M IA 50321		100.00
	ID#	POIKCty Democrats		1100 - 0
4/28/04	ck#3120	Osu DA 50321		400.00
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			OUR TOTAL	

SUB-TOTAL \$

TOTAL (if last page of this schedule)

\$ 1250.00

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	 of	
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